

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/980464 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
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48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	14	18				
TOTAL CLAIMS	16	20				

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

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BEST AVAILABLE COPY